

Case Number:	CM14-0022533		
Date Assigned:	05/12/2014	Date of Injury:	05/27/2011
Decision Date:	07/10/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 36-year-old who was injured on February 20, 2013 when she had a slip hurting her left wrist against a computer desk and she fell backwards. Prior treatment history has included attending physical therapy and states that her pain is a little better with the therapy. The patient's medications include tramadol 50 mg and medication for sleep, diabetes and high blood pressure. Progress note dated July 17, 2013 documented there was abnormal two-point discrimination of the left median nerve distribution. There is abnormal Motor Power and Sensation of the left hand. Progress note dated November 4, 2013 documented the treatment plan was awaiting medical records along with diagnostic studies for further treatment recommendations. If we are unable to get the diagnostic studies, then we will request MRI and EMG (electromyogram)/NCV (nerve conduction velocity) studies. PR-2 dated December 2, 2013 documented the patient with complaints of pain in the lumbar spine that radiates to the right lower extremity. She also complains of intermittent pain in the left hand and wrist, along with increased numbness upon increased activity. Objective findings on examination of left wrist reveal decreased mobility with abnormal two-point discrimination. Tinel's and Phalen's tests are positive. Treatment Plan: MRI of the left hand and left wrist to establish any ligament tears, damage of tendons and muscles. I prescribe EMG/NCV of bilateral upper and lower extremities to establish the presence of radiculitis/neuropathy. Due to the lack of improvement in symptoms and also due to lack of cooperation from the prior treating facility in terms of forwarding diagnostics, I request the authorization for the above mentioned diagnostic studies. UR report dated December 20, 2013 denied the request for EMG/NCV of the bilateral upper extremities. The guidelines provide support for the EMG component of the request only in cases where diagnosis is difficult with NCS (nerve conduction study). There is no clearly stated rationale for the EMG component of the request where diagnosis is considered to be difficult with NCS alone.

Referenced guidelines recommend NCV for median impingement at the wrist after failure of conservative treatment. Records provide no objective evidence that the patient has maximized benefits from adequate conservative management, including optimized pharmacotherapy, activity modifications, splinting and PT (physical therapy).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PERCOCET 10MG #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Percocet (Oxycodone & Acetaminophen) as a long acting Opioid is recommended for chronic pain management under certain criteria. The guidelines state the following for continuation of management with Opioids; "(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the Opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". The medical records document that the patient was prescribed Percocet many times, at least since March, 2013 as indicated by the medical report dated March 12, 2013. The medical records do not address any pain and/or functional assessment related the medication, in order to consider the continuation of Percocet administration. On the other hand, the available records do not show Urinary toxicology study to support or rule out the patient compliance. The request for Percocet 10 mg, fifty count, is not medically necessary or appropriate.

ATIVAN 1MG #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, Ativan (Lorazepam) as a Benzodiazepine is not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to four weeks. The medical report dated September 11, 2013 documents that the patient was prescribed Ambien (short acting benzodiazepines).The request for Ativan 1 mg, forty count, is not medically necessary or appropriate.

